
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

DELIVERY OF THERAPEUTICS TO TREAT ANEURYSMS

SPECIFICATION IDENTIFICATION

The specification is filed herewith.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Michael J. Jaro	Registration No. 34,472	B. Todd Patterson	Registration No. 37,906
Catherine C. Maresh	Registration No. 35,268	Raymond R. Moser, Jr.	Registration No. 34,682
Janis J. Biksa	Registration No. 33,648	Donald Verplancken	Registration No. 33,217
James F. Crittenden	Registration No. 39,560	Sarah J. Brashears	Registration No. 38,087
		Keith M. Tackett	Registration No. 32,008
		William B. Patterson	Registration No. 34,102

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Send correspondence to:

Patent Counsel
Medtronic Vascular, Inc.
3576 Unocal Place
Santa Rosa, CA 95403

Direct telephone calls to:

Sarah J. Brashears
Moser, Patterson & Sheridan LLP
(650) 330-2310

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Jack Chu

Inventor's signature _____

Date _____ **Country of Citizenship** U.S.A.

Residence Santa Rosa, CA 95409

Post Office Address 5918 Sunhawk Drive, Santa Rosa, CA 95409

Dave Erickson

Inventor's signature _____

Date _____ **Country of Citizenship** U.S.A.

Residence Santa Rosa, CA 95403

Post Office Address 2077 Stonefield Lane, Santa Rosa, CA 95403

Prema Ganesan

Inventor's signature _____

Date _____ **Country of Citizenship** U.S.A.

Residence San Francisco, CA 94115

Post Office Address 1980 Eddy Street, San Francisco, CA 94115

Jonathan Morris

Inventor's signature _____

Date _____ **Country of Citizenship** U.S.A.

Residence Windsor, CA 95492

Post Office Address 8826 Holly Leaf Drive, Windsor, CA 95492